

**The Indiana State Health Department  
J-1 Visa Waiver Program**

**Affidavit and Agreement**

I, \_\_\_\_\_, being duly sworn, hereby request the Indiana Regional Authority to review my application for the purpose of recommending a waiver of the foreign residency requirement set forth in my J-1 Visa, pursuant to the terms and conditions as follows:

1. I understand and acknowledge that the review of this request is discretionary and that in the event a decision is made not to grant my request, I hold harmless the Indiana State Department of Health (ISDH), any and all ISDH employees from any action or lack of action made in connection to this request.
2. I further understand and acknowledge that the entire basis for the consideration of my request is the ISDH's desire to improve the availability of primary and specialty medical care in regions designated by the Secretary of Health and Human Services as Health Professions Shortage Areas (HPSA) or Medically Underserved Area (MUA) or Medically Underserved Population (MUP) within areas covered by the Indiana State Department of Health. Furthermore, the sponsorship of any waiver by the Indiana State Department of Health is strictly voluntarily.
3. I understand and agree that in consideration for a waiver, which eventually may or may not be granted, I shall render primary or specialty medical care services to patients, including the indigent, for a minimum of forty (40) hours per week within a designated HPSA, MUA, MHPSA, or MUP located in the ISDH jurisdiction. Service shall commence not later than 90 days after I receive approval by USCIS of my waiver request and shall continue for a minimum of three years or longer in accordance with the employment contract.
4. I agree to incorporate all the terms of this "J-1 Visa Waiver Affidavit and Agreement" into any and all employment agreements I enter pursuant to paragraph 3. (A copy of all employment agreements are attached to this request)
5. I further agree that any employment agreement I enter pursuant to paragraph 3 shall not contain any provision, which modifies or amends any of the terms of this "J-1 Visa Waiver Affidavit and Agreement".
6. I understand and agree that I will provide health services to individuals without discriminating against them because: (a) they are unable to pay for those services or (b) payment for those health services will be made under Medicare or Medicaid.
7. I have read, signed, and fully understand the "ISDH J-1 Visa Waiver Program Guidelines", a copy of which is attached to this request.
8. I expressly understand this waiver of my foreign residence requirement must ultimately be approved by the USCIS, and I agree to provide placement notification of the specific location and nature of my practice to the ISDH when I commence rendering services in the ISDH jurisdiction.
9. I declare and certify, under penalty of the provisions of 18 U.S.C. 1101, that I do not have pending nor am I submitting during the pendency of this request, another request to any United States Government department or agency or any State Department of Public Health, or equivalent, other than the Indiana State Department of Health to act on my behalf in any matter relating to a waiver of my two-year home-country physical presence requirement.
10. I understand and acknowledge that if willfully fail to comply with the terms of this "J-1 Visa Waiver Affidavit and Agreement", the Indiana State Department of Health will notify the USCIS that I am out of the compliance.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Notary\_\_\_\_\_  
Date

SEAL